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### Physicians Assistants; Series I; File 156

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performed by a physician. These include taking medical histories, performing physical examinations, recognizing the need for a variety of laboratory, diagnostic and therapeutic procedures and performing many procedures. P.A.'s completing approved training programs in New York State, or equivalent elsewhere in the U.S., possess significant clinical capability and are able to imply a degree of medical judgment in the performance of these tasks. They are, in short, competent to perform a basic patient work-up and are prepared to acquire additional knowledge and skills under the guidance and instruction of their supervising physician(s).

P.A. training programs are usually two calendar years in length and graduates receive a certificate and/or degree upon satisfactory completion. Colleges or universities may award an associate degree upon completion or provide P.A. education/training as part of a baccalaureate degree program; the P.A. education/training component usually occurring in the final two years.

Within New York State there are seven programs approved by the State Education Department for the education/training of P.A.'s, which are also nationally accredited by the AHA Committee on Allied Health Education and Accreditation (CAHEA). Graduates of approved programs in New York State or equivalent accredited programs in other states are eligible for registration as Registered Physician's Assistants (R.P.A.) by the State Education Department. They are also qualified for admission to the certifying examination of the National Commission of Certification of Physician's Assistants.

#### Specialist's Assistant (S.A.)

As provided, the Specialist's Assistant (S.A.) corresponds to the Type B physician's assistant as described by the National Academy of Sciences. The S.A., although possessing fewer clinical skills, is highly skilled in a group of clinical procedures which make up a specialized but limited clinical service.

### Information Regarding Physician's Assistant and Specialist's Assistant Categories of Professional Health Personnel

#### Background Information

In 1971, New York State Legislature enacted legislation (Chapters 1135 and 1136) recognizing two categories of physician's assistants, the Physician's Assistant and the Specialist's Assistant, respectively. Responsibility for the implementation of this legislation is shared by the New York State Department of Education and Health, with the assistance of the New York State Advisory Council on Physician's Assistants and Specialist's Assistants appointed by the Governor. The effective date of the legislation was April 1, 1972.

The New York State Department of Education is responsible for approving programs for the training of P.A.'s and S.A.'s, determining equivalent education and training and registering qualified persons as P.A.'s and S.A.'s.

The New York State Department of Health is responsible for designating specialized medical services for which S.A.'s are registered and for promulgating regulations defining and restricting the duties which may be assigned to P.A.'s and S.A.'s and the degree of supervision required by their supervising physicians.

The Hospital Review and Planning Council is responsible for promulgating rules and regulations pertaining to the utilization of P.A.'s and S.A.'s in hospitals (Article 28 facilities).

#### Physician's Assistant (P.A.)

As provided, the Physician's Assistant (P.A.) corresponds to the Type A physician's assistant as described by the National Academy of Sciences. The Physician's Assistant is an individual who by virtue of education, training and experience in the basic sciences, clinical sciences and clinical practice, is competent to perform most, if not all, of the simpler medical tasks traditionally

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The S.A.'s education/training, while not as extensive in the basic or clinical sciences as the P.A., is more intensive in the clinical practice and procedures of the specialized medical service in which he/she is trained.

Four categories of S.A. have been designated in New York State to date (1987), i.e., Orthopedic Assistant, Urologic Assistant, Radiologic Assistant and Accupuncture Assistant. Qualified individuals are eligible for registration by the State Education Department as Registered Specialist's Assistants (R.S.A.) in the specialty category appropriate to their qualifications.

There is one approved S.A. education/training program (Radiologic Assistant) located in New York State. S.A.'s practice under the supervision of a physician who is a specialist in the medical specialty in which the S.A. is registered.

The characteristic which distinguishes the P.A. and the S.A. from other health care assistants is that they provide medical services solely on delegation from and on behalf of supervising physicians.

Historically, the Physician's Assistant-Specialist's Assistant (P.A.-S.A.) statute enacted in 1971 created a unique professional category in New York State. Unlike other state licensed, certified or registered classes of health professionals, R.P.A.'s are provided no functions, activities or turf of their own but rather function solely on delegation from the supervising physician. The R.P.A. is entitled to utilize his/her medical knowledge and skills in the performance of medical acts, functions and services only on delegation from and on behalf of the supervising physician(s).

The statute and its implementing rules and regulations provide that medical acts, functions and services delegated to the R.P.A. for performance must be within the scope of practice for which the supervising/delegating physician is qualified and the R.P.A. is competent to perform. It is the responsibility of the supervising/delegating physician to assure that the R.P.A. is competent to perform that which is delegated. In the private office setting it is largely the judgement of the supervising physician that determines the functions and activities of the R.P.A. When the supervising physician and the R.P.A. are practicing in the hospital setting, the governing authority of the hospital may, if desired, place limits on the functions and activities which may be delegated by the supervising physician to the R.P.A. for performance and the conditions thereof.

This dependent relationship of the R.P.A. to a supervising physician pertains irrespective of practice setting (office, hospital, nursing home, clinic, HMO, etc.) or who or what pays

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the salary of the R.P.A. or physician(s). The R.P.A. neither bills nor is directly reimbursed for services provided by his/her; the supervising physician may bill and be reimbursed for services provided by the R.P.A. under New York State's Medicaid Program.

The P.A.-S.A. Law specifically permits the R.P.A. to function at a distance from the supervising/delegating physician and the supervising/delegating physician need not "see" each patient prior to the R.P.A. providing services. The physician's evaluation of the medical knowledge, skills and judgment possessed by the R.P.A. and the nature of complaints/illnesses presented for management are major determinants of the "degrees of freedom" permitted the R.P.A. by a supervising physician.

In the hospital setting, the supervising physician may, if permitted by the hospital, delegate the writing of medical orders, including for controlled substances, to the R.P.A. Such medical orders written by the R.P.A. must be countersigned by the supervising physician within 24 hours, but countersignature is not required prior to execution of the order. Exclusive of controlled substances (all schedules) the supervising physician may also delegate to the R.P.A. the writing of prescriptions. The form of such prescription written by the R.P.A. on delegation from the supervising physician is set forth in Part 94 of the Administrative Rules and Regulations of the Department of Health, a copy of which is enclosed.

Given the dependent relationship, professionally and legally, of the R.P.A. to the supervising physician, the sequence

of responsibility, accountability and liability for the medical management of patients trails to the supervising physician. While the R.P.A. is responsible for the competent performance of medical acts and functions delegated to his/her for performance, he/she represents a functional extension of the supervising physician.



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## Physician Assistant Practice

**History:** The profession of the physician assistant originated in the mid-1960s with the leadership of Duke University, the University of Colorado, the University of Washington, and Wake Forest University. The early 1970s brought a rapid growth in the number of such educational programs which were supported initially with \$6.1 million appropriated under the authority of the Health Manpower Act of 1972. This funding also supported some of the initial organization and administration of the national program for the accreditation of educational programs in this field.

Interest in the development of national accreditation standards for the education of assistants to primary care physicians was first expressed by the American Society of Internal Medicine. By 1971 standards had been developed collaboratively by a committee composed of representatives from the American Academy of Family Physicians, American Academy of Pediatrics, the American College of Physicians, Association of American Medical Colleges, American College of Obstetrics and Gynecology, the American Society of Internal Medicine, the nursing profession, and educators of the physician's assistant. These standards were adopted in that year by the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Society of Internal Medicine (ASIM). (The ASIM withdrew its sponsorship of accreditation in September 1981.)

Early in 1972 the medical specialty organizations which had adopted the new educational standards established the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician. A principal function of the committee was to assess the extent to which applicant programs were in compliance with the *Essentials for the Assistant to the Primary Care Physician* and to formulate recommendations for accreditation to the AMA Council on Medical Education. This committee was composed of three representatives from each of the four sponsoring organizations. In April of 1973, the committee appointed three graduate physician's assistants to serve as members-at-large for one-

year terms. By March 1974 the sponsors of the committee and the American Medical Association had recognized the American Academy of Physician Assistants as the fifth sponsor of the review committee.

*Essentials* for the surgeon's assistant were adopted by the American College of Surgeons in 1973 and by the American Medical Association in 1974. Originally, the American College of Surgeons' committee on allied health personnel reviewed applicant programs' compliance with these standards.

As a result of discussions initiated in 1975, the review committees for the assistant to the primary care physician and surgeon's assistant were brought together in 1976 into the unified Joint Review Committee on Educational Programs for Physician Assistants. On petition from the Association of Physician Assistant Programs, the collaborating sponsoring organizations of the joint review committee and the American Medical Association recognized it as the seventh sponsor of the committee in 1978.

Following a two-year consultation with accredited educational programs, sponsors of the accreditation service, and other interested parties, the revised *Essentials* were adopted for the education of assistants to primary care physicians in 1978. Following a similar consultation, the revised *Essentials* were adopted in 1985 as standards for the education of physician assistants.

Accreditation was offered from 1970 through 1975 for orthopaedic and urologic physician's assistants. Unlike the *Essentials* for the education of the surgeon's assistant and the assistant to the primary care physician, the standards for education of the urologic and orthopaedic physician's assistant did not require education and training to competence in eliciting a comprehensive health history and in performing a comprehensive physical examination. Accreditation for these programs was discontinued due to the withdrawal of support by the medical specialty societies, the American Urological Association and the American Academy of Orthopaedic Surgeons.

## PHYSICIAN ASSISTANT

**Occupational Description:** The physician assistant is academically and clinically prepared to provide health care services with the direction and responsible supervision of a doctor of medicine or osteopathy who is responsible for the performance of that assistant. The functions of the physician assistant include performing diagnostic, therapeutic, preventive and health maintenance services in any setting in which the physician renders care, in order to allow more effective and focused application of the physician's particular knowledge and skills. The physician assistant is accountable for his own actions, as well as being accountable to his supervising physician.

**Job Description:** The role of the physician assistant demands intelligence, sound judgment, intellectual honesty, the ability to relate with people and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concept of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes.

The specific tasks performed by individual physician assistants cannot be delineated precisely because of the variations in practice requirements mandated by geographic, political, economic and social factors. At a minimum, however, physi-

cian assistants are educated in those areas of basic medical science and clinical disciplines which prepare them to function as a generalist. Exposure to family medicine, internal medicine, pediatrics, obstetrics, gynecology, and surgery, and to the concepts of behavioral medicine and psychiatry, pharmacotherapeutics, health maintenance, and ambulatory, emergency, and long term care provides the breadth of educational preparation needed to function as a physician assistant.

Services performed by physician assistants include but are not limited to the following:

1. **Evaluation** Initially approaching a patient of any age group in any setting to elicit a detailed and accurate history, perform an appropriate physical examination, delineate problems, and record and present the data.
2. **Monitoring** Assisting the physician in conducting rounds in acute and long-term inpatient care settings, developing and implementing patient management plans, recording progress notes, and assisting in the provision of continuity of care in office-based and other ambulatory care settings.
3. **Diagnostics** Performing and/or interpreting at least to the point of recognizing deviations from the norm, common laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.

4. **Therapeutics** Performing routine procedures such as injections, immunizations, suturing and wound care, managing simple conditions produced by infection or trauma, assisting in the management of more complex illness and injury, and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.

5. **Counseling** Instructing and counselling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, emotional problems of daily living, and health maintenance.

6. **Referral** Facilitating the referral of patients to the community's health and social service agencies when appropriate.

**Employment Characteristics:** A study in 1981 indicated that just over half of physician assistant graduates were working with family physicians. Thirty-six percent worked in a private solo practice or private partnership practice. Approximately thirty percent were working in a variety of other settings, including county, city, and private hospitals, Veterans Administration hospitals, academic medical centers, and the like. The rest worked in such diverse settings as health maintenance organizations, industrial health clinics, military facilities, and prisons.

The normal work week for a majority of PAs exceeds 45 hours. Almost half devote more than 40 hours to direct patient contact, with one in five working over 50 hours a week. Similarly, about half report spending some additional hours of the week on call.

Salaries will vary depending on the experience and education of the individual, the economy of a given region, the nature of the practice, and the time demands on PAs' work schedule and responsibilities. Starting salaries range from the low to mid \$20,000s, with more experienced PAs earning incomes between \$30,000 and \$35,000. While there is more demand for PAs than there are available graduates, there are areas of the country which appear to have a surplus of PAs. It is anticipated that the demand for PAs will continue at a moderate rate.

## Educational Programs:

**Length:** While two years is most common, the length of programs vary. This is a function largely of differences in student selection criteria and in the educational objectives of the individual program.

**Prerequisites:** While requirements differ widely, a majority of programs require two years of undergraduate study and some work experience in personal health services. An increasing number of programs are developing which do not require work experience.

Since a large percentage of patients who seek primary care

services have behavioral as well as biological problems, a balance of study in the applied behavioral sciences and the biological sciences is advised for students who may wish to qualify for admission to a PA program.

**Curriculum:** Accreditation standards require achievement-oriented curricula. Two-year programs provide integrated clinical didactic and practice components which cover anatomy, physiology, microbiology, pharmacology, and applied behavioral science courses which deal with development of personality, mechanisms for coping with stress in daily living, development of listening and interviewing skills, and recognition of individual values relating to such dimensions of human experience as sexuality and death and dying. Four-year programs are designed to provide the student with a balance of traditional liberal arts courses with biological and applied behavioral sciences courses. These courses are prerequisites to clinical didactic and supervised clinical practice instruction common to both two-year and four-year programs.

Supervised clinical practice rotations in pediatrics, family medicine, internal medicine, obstetrics and gynecology, geriatrics, and surgery offer advanced applied content and work experience in dealing with commonly encountered demands for the primary health care of individuals from infancy through childhood, adolescence, and the various phases of adulthood.

The American Academy of Physician Assistants completed a two-year study in 1977 of what should be considered in establishing or reviewing a curriculum for the education of physician assistants. This study resulted in the publication of two volumes which are now available from the US Department of Commerce. Copies should be ordered prepaid and by the volume order number as follows: Volume I - Role Delineation, Order No. PB265912-LLC, \$5.25/copy; and Volume II Curriculum Resource Document, Order No. PB264716-LLC, \$9.00/copy. Orders should be sent to the US Department of Commerce, National Technical Information Service, Springfield, Virginia 22161.

**Essentials:** The *Essentials of an Accredited Educational Program for the Physician Assistant* are minimum acceptable standards which were adopted, as revised in 1985, by the American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Physicians, American College of Surgeons, Association of Physician Assistant Programs, and American Medical Association. Applicant programs which seek initial and continuing accreditation are assessed in accordance with these minimum standards. The *Essentials and Guidelines* are available upon written request of the AMA Division of Allied Health Education and Accreditation.

## SURGEON'S ASSISTANT

**Occupational Description:** The purpose of the physician assistant in surgery is to help surgeons provide personal health services to patients under their care. Surgeon's assistants (SAs) may be involved with patients of the surgeon in any medical setting. They perform a number of functions and tasks formerly done only by surgeons in the operating room, in the pre- and post-operative care of the hospitalized patient, in the emergency room, and in the surgeon's office practice and other settings.

**Job Description:** Surgeon's assistants perform selected

diagnostic and therapeutic functions and tasks in order to allow surgeons to extend their services through more effective use of their knowledge, skills, and abilities. Surgeon's assistants gather the data necessary for the surgeon to reach a decision and help in implementing the therapeutic plan for the patient. Tasks performed by assistants include transmission and execution of the surgeon's orders and such diagnostic and therapeutic procedures as may be delegated by the supervising surgeon. Such tasks and functions include but need not be limited to the following:

1. Eliciting a detailed and accurate health history; perform-

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- ing an appropriate physical examination; and recording and presenting data to the supervising surgeon in a meaningful manner;
2. Performing or assisting in routine laboratory work and related diagnostic studies as appropriate for a given practice;
3. Performing therapeutic procedures common to the surgical practice;
4. Helping the supervising surgeon in making rounds of hospitalized patients, recording patient progress notes, executing standing and other orders, and preparing comprehensive discharge summaries; and,
5. Assisting in operative procedures and in the provision of care to patients in the surgical office.

**Employment Characteristics:** Surgeon's assistants are prepared to help in any medical setting in which the surgeon functions. They may work in an area of surgery which requires a wide variety of procedures such as those performed by general surgeons in community hospitals or in the surgical specialty of their supervising physician.

Surgeon's assistants commonly work in both a hospital and a surgical office practice. A normal work week often ranges between 45 and 55 hours. In addition, they may be expected to assume responsibility for additional hours of the week on call.

Salaries vary depending on the experience and education of the individual, the economy of a given region, the nature of the surgical practice, and the time demands of the work schedule and responsibilities. Starting salaries begin around \$25,000 and progress to \$35,000 and higher. It is anticipated that the demand for surgeon's assistants will continue to exceed the supply during the immediate future.

## Educational Programs:

**Length:** 24 months of clinical didactic and supervised clinical practice experience.

**Prerequisites:** Background, education, and experience in a health occupation is helpful, and consideration is given for the knowledge and abilities one has acquired in that preparation. In addition, two years of undergraduate study is required and should include studies in biology, chemistry, physics, algebra, geometry, and the applied behavioral sciences.

**Curriculum:** The curricula of accredited programs are expected to be achievement oriented, with defined behavior objectives for the various courses of instruction. Clinic didactic instruction includes but is not limited to the study of medical nomenclature, anatomy, physiology, pharmacology, the fundamentals of general surgery and surgical patient care, asepsis, radiographic interpretation, electrocardiogram recording technique and interpretation, pulmonary function tests, respiratory therapy, and communication skills including listening and interviewing. The supervised clinical practice components of the curriculum are designed to develop in students increasing competencies in eliciting a health history and in performing a physical examination, in providing assistance to the surgeon during surgery, and in performing pre- and post-operative care procedures under the tutelage and supervision of a resident surgical staff. Included also is a period of instruction which focuses on the care of acutely injured patients within an emergency care service.

**Essentials:** The *Essentials of an Accredited Educational Program for the Surgeon's Assistant* are minimum acceptable standards which were adopted in 1973 by the American College of Surgeons and in 1974 by the American Medical Association and revised in 1982. Applicant programs which seek initial and continuing accreditation are assessed in accordance with these minimum standards. The *Essentials* are available upon written request of the AMA Division of Allied Health Education and Accreditation.

## Inquiries

**Accreditation:** Requests for accreditation of a program should be submitted to:

Division of Allied Health Education and Accreditation  
American Medical Association  
535 N Dearborn St  
Chicago, IL 60610  
Liaison: L. M. Detmer, MHA  
Assistant Director, (312) 645-4623

Rita H. Tollner  
Program Assistant, (312) 645-4622

Requests for information on preparing the Self-Study Report and arranging a site visit should be addressed to:

Secretary  
Joint Review Committee on Educational Programs for  
Physician Assistants  
American Medical Association  
535 N Dearborn St  
Chicago, IL 60610  
(312) 645-4523

**Careers:** Inquiries regarding careers and curriculum should be addressed to:

Association of Physician Assistant Programs  
1117 North 19th St  
Rosslyn, VA 22209  
(703) 525-4200

**Certification/Registration:** Inquiries regarding certification may be addressed to:

National Commission on Certification of Physician's Assistants, Inc.  
3384 Peachtree Rd., NE, Suite 560  
Atlanta, GA 30326

Inquiries regarding certifying agencies other than the above should be addressed to:

National Commission for Health Certifying Agencies  
1101 30th St. NW  
Washington, DC 20007

## ARTICLE 131-B—PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

- Definitions.
- Registration.
- Performance of medical services.
- Training requirements.
- Disciplinary proceedings.
- Construction.
- Regulations.
- Emergency services rendered by physician's assistant.

### Historical Note

Article, formerly substituted "assistants" for "associates" and renumbered 131-B by following "physician's".

Amendment, Article heading, 210, § 2, eff. June 17, 1975.

### Cross References

- Professional misconduct, see section 6509 et seq.
- Professional referrals, liability of professional societies or associations for, see section 6505-a.
- Regulation of the professions, see section 6504.
- Management of the professions, see section 6506 et seq.
- Related acts concerning the professions, see section 6512 et seq.

### New York Codes, Rules and Regulations

Professional service corporations, see 8 NYCRR 59.10.

## § 131.0. Definitions

Used in this article: 1. Physician's assistant. The term "physician's assistant" means a person who is registered as a physician's assistant pursuant to this article.

Specialist's assistant. The term "specialist's assistant" means a person who is registered pursuant to this article as a specialist's assistant for a particular medical specialty as defined by regulations promulgated by the commissioner of health pursuant to section thirty-seven hundred one of the public health law.

Physician. The term "physician" means a practitioner of medicine licensed to practice medicine pursuant to article one hundred one of this chapter.

Approved program. The term "approved program" means a program for the education of physician's assistants or specialist's assistants which has been formerly approved by the department.

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5. Hospital. The term "hospital" means an institution or facility possessing a valid operating certificate issued pursuant to article twenty-eight of the public health law and authorized to employ physician's assistants and specialist's assistants in accordance with rules and regulations of the state hospital review and planning council.

(Formerly § 6530, added L.1971, c. 1135, § 4; renumbered 6540, L.1975, c. 144, § 1; amended L.1975, c. 210, § 2.)

Historical Note

Effective Date. Section effective Apr. 1, 1972, pursuant to L.1971, c. 1135, § 7; amended L.1971, c. 1136, § 4.

Legislative Findings and Purpose. See section 1 of L.1971, c. 1135, set out

Library References

Physicians and Surgeons c=1.  
C.J.S. Physicians and Surgeons § 3 et seq.

§ 6541. Registration

1. The department shall register each person as a physician's assistant or specialist's assistant who shall pay a fee of sixty-five dollars to the department for admission to a department conducted examination, a fee of twenty-five dollars for each reexamination and a fee of forty dollars for persons not requiring admission to a department conducted examination. Each person shall also submit satisfactory evidence, verified by oath or affirmation, that he:

(a) at the time of application is at least twenty-one years of age;

(b) is of good moral character;

(c) has successfully completed a four-year course of study in a secondary school approved by the board of regents or has passed an equivalency test;

(d) has satisfactorily completed an approved program for the training of physician's assistants or specialist's assistants. The approved program for the training of physician's assistants shall include not less than forty weeks of supervised clinical training and thirty-two credit hours of classroom work. The commissioner is empowered to determine whether an applicant possesses equivalent education and training, such as experience as a nurse or military corpsman, which may be accepted in lieu of all or part of an approved program.

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an institution or facility issued pursuant to article twenty-eight of the public health law and authorized to employ assistants in accordance with rules and regulations of the state hospital review and planning council.

renumbered 6540, L.1975, c. 144, § 1; amended L.1975, c. 210, § 2.

under Public Health Law

person as a physician's assistant shall pay a fee of sixty-five dollars to the department for admission to a department conducted examination, a fee of twenty-five dollars for each reexamination and a fee of forty dollars for persons not requiring admission to a department conducted examination. Each person shall also submit satisfactory evidence, verified by oath or affirmation, that he:

course of study in a secondary school approved by the board of regents or has passed an equivalency test;

approved program for the training of physician's assistants or specialist's assistants. The approved program for the training of physician's assistants shall include not less than forty weeks of supervised clinical training and thirty-two credit hours of classroom work. The commissioner is empowered to determine whether an applicant possesses equivalent education and training, such as experience as a nurse or military corpsman, which may be accepted in lieu of all or part of an approved program.

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2. The department shall furnish to each person applying for registration hereunder an application form calling for such information as the department deems necessary and shall issue to each applicant who satisfies the requirements of subdivision one of this section a certificate of registration as a physician's assistant or specialist's assistant in a particular medical specialty for the period expiring December thirty-first of the first odd-numbered year terminating subsequent to such registration.

3. Every registrant shall apply to the department for a certificate of registration. The department shall mail to every registered physician's assistant and specialist's assistant an application form for registration, addressed to the registrant's post office address on file with the department. Upon receipt of such application properly executed and a fee of twenty dollars, together with evidence of satisfactory completion of such continuing education requirements as may be established by the commissioner of health pursuant to section thirty-seven hundred one of the public health law, the department shall issue a certificate of biennial registration for the biennial period ending December thirty-first, nineteen hundred eighty-three. Registration periods commencing on and after January first, nineteen hundred eighty-four shall be triennial and the registration fee shall be thirty dollars.

(Formerly § 6531, added L.1971, c. 1135, § 4; renumbered 6541, L.1975, c. 144, § 1; amended L.1975, c. 210, § 2; L.1976, c. 77, § 9; L.1982, c. 53, § 49.)

Historical Note

1982 Amendment. Subd. 1, opening par. L.1982, c. 55, § 49, in sentence beginning "The department shall" substituted "sixty-five" for "fifty", deleted "and for an initial license" following "examination", increased reexamination fee from \$20 to \$25 and the fee for persons not requiring admission to a department conducted examination from \$30 to \$40; deleted "for an initial license" preceding "for persons".

Subd. 3. L.1982, c. 55, § 49, in sentence beginning "Every registrant shall" deleted "biennial" preceding "registration"; substituted "The" for "On or before the first day of November of each odd-numbered year, the", in sentence beginning "Upon receipt" substituted "twenty" for "ten" and "biennial period ending December thirty-first nineteen hundred eighty-three" for "ensuing two calendar years", and added sentence beginning "Registration periods commencing on and after January first, nineteen hundred eighty-four shall be triennial and the registration fee shall be thirty dollars."

1976 Amendment. Subd. 1. L.1976, c. 77, § 9, eff. Apr. 1, 1976, provided the \$30 fee shall be for admission to a department conducted examination and for the initial license, and set fees of \$20 for reexaminations, and \$20 for an initial license for persons not requiring admission to a department conducted examination.

Subd. 2. L.1976, c. 77, § 9, eff. Apr. 1, 1976, decreased the fee from \$30 to \$10.

1975 Amendment. L.1975, c. 210, § 2, eff. June 17, 1975, substituted "assistant" and "assistants" for "associate" and "associates", respectively, following "physician's", wherever appearing.

Effective Date of 1982 Amendment. Application. See section 96 of L.1982.



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c. 55, set out as a note under Tax Law § 210.  
 Effective Date. Section effective Apr. 1, 1972, pursuant to L.1971, c. 1135, § 7; amended L.1971, c. 1136, § 4.  
 Legislative Findings and Purpose. See section 1 of L.1971, c. 1135, set out as a note under Public Health Law § 3700.  
 Separability of Provisions of 1972 Amendment. See section 95 of L.1972, c. 55, set out as a note under Tax Law § 210.

Cross References

Admission to a profession, see section 6501.  
 Duration and registration of a professional license, see section 6502.  
 License by indorsement, see section 6506.

New York Codes, Rules and Regulations

Determination of good moral character in the professions, see 8 NYCRR Part 24.  
 Education requirements for the professions generally, see 8 NYCRR 59.2.  
 English proficiency requirement for professional licensing, see 8 NYCRR 59.3.  
 Indorsement of a professional license—  
 Commissioner's regulations, see 8 NYCRR 59.6.  
 Rules of the Board of Regents, see 8 NYCRR 24.3.  
 Licenses and initial registrations, see 8 NYCRR 59.7.  
 Professional examinations generally, see 8 NYCRR 59.5.  
 Regents' rules on professional licensing—  
 Preprofessional qualifications, see 8 NYCRR 24.2.  
 Professional qualifications, see 8 NYCRR 24.3.  
 Registration for professional practice, see 8 NYCRR 59.8.  
 Registration of physician's assistants or specialist's assistants, see 8 NYCRR 60.8.  
 Training programs for physician's assistants, see 8 NYCRR 52.5.  
 Unprofessional conduct, general provisions for—  
 All professions, see 8 NYCRR 29.1.  
 Health professions, see 8 NYCRR 29.2.

Library References

Physicians and Surgeons (2-511).  
 C.J.S. Physicians and Surgeons § 6 et seq.

§ 6542. Performance of medical services

1. Notwithstanding any other provision of law, a physician's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician.

2. Notwithstanding any other provision of law, a specialist's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician.

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3. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.<sup>1</sup>

4. No physician shall employ or supervise more than two physician's assistants and two specialist's assistants in his private practice.

5. Nothing in this article shall prohibit a hospital from employing physician's assistants or specialist's assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.

6. Notwithstanding any other provision of this article, nothing shall prohibit a physician employed by or rendering services to the department of correctional services under contract from supervising no more than four physician's assistants or specialist's assistants in his practice for the department of correctional services.

7. Notwithstanding any other provision of law, a trainee in an approved program may perform medical services when such services are performed within the scope of such program.

8. Nothing in this article, or in article thirty-seven of the public health law, shall be construed to authorize physician's assistants or specialist's assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under the public health law or the education law.

(Formerly § 6532, added L.1971, c. 1135, § 4; amended L.1971, c. 1136, § 3; renumbered 6542, L.1975, c. 144, § 1; amended L.1975, c. 210, § 2; L.1982, c. 481, § 1.)

<sup>1</sup>So in original. Probably should read "performed".

1982 Amendment. Subd. 6. L.1982, c. 481, § 1, eff. July 13, 1982, added subd. 6 and redesignated former subd. 6 as 7.  
 Subd. 7. L.1982, c. 481, § 1, eff. July 13, 1982, redesignated former subd. 6 as 7 and former subd. 7 as 8.  
 Subd. 8. L.1982, c. 481, § 1, eff. July 13, 1982, redesignated former subd. 7 as 8.  
 1975 Amendment. L.1975, c. 210, § 2, eff. June 17, 1975, substituted "assistant" and "assistants" for "associate" and "associates", respectively, following "physician's", wherever appearing.

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c. 55, set out as a note under Public Health Law § 3700.  
 Separability of Provisions of 1972 Amendment. See section 95 of L.1972, c. 55, set out as a note under Tax Law § 210.

see section 6502.

Regulations

Professions, see 8 NYCRR Part 24.  
 Licensing, see 8 NYCRR 59.2.

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assistants, see 8 NYCRR 60.8.

NYCRR 52.5.

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of law, a physician's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician.

of law, a specialist's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician.

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3. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.<sup>1</sup>

4. No physician shall employ or supervise more than two physician's assistants and two specialist's assistants in his private practice.

5. Nothing in this article shall prohibit a hospital from employing physician's assistants or specialist's assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.

6. Notwithstanding any other provision of this article, nothing shall prohibit a physician employed by or rendering services to the department of correctional services under contract from supervising no more than four physician's assistants or specialist's assistants in his practice for the department of correctional services.

7. Notwithstanding any other provision of law, a trainee in an approved program may perform medical services when such services are performed within the scope of such program.

8. Nothing in this article, or in article thirty-seven of the public health law, shall be construed to authorize physician's assistants or specialist's assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under the public health law or the education law.

(Formerly § 6532, added L.1971, c. 1135, § 4; amended L.1971, c. 1136, § 3; renumbered 6542, L.1975, c. 144, § 1; amended L.1975, c. 210, § 2; L.1982, c. 481, § 1.)

<sup>1</sup>So in original. Probably should read "performed".

Historical Note

1982 Amendment. Subd. 6. L.1982, c. 481, § 1, eff. July 13, 1982, added subd. 6 and redesignated former subd. 6 as 7.

Subd. 7. L.1982, c. 481, § 1, eff. July 13, 1982, redesignated former subd. 6 as 7 and former subd. 7 as 8.

Subd. 8. L.1982, c. 481, § 1, eff. July 13, 1982, redesignated former subd. 7 as 8.

1975 Amendment. L.1975, c. 210, § 2, eff. June 17, 1975, substituted "assistant" and "assistants" for "associate" and "associates", respectively, following "physician's", wherever appearing.

and "associates", respectively, following "physician's", wherever appearing.

1971 Amendment. Subd. 7. L.1971, c. 1136, § 3, eff. Apr. 1, 1972, added subd. 7.

Effective Date. Section effective Apr. 1, 1972, pursuant to L.1971, c. 1135, § 7; amended L.1971, c. 1136, § 4.

Legislative Findings and Purpose. See section 1 of L.1971, c. 1135, set out as a note under Public Health Law § 3700.



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Library References

Physicians and Surgeons § 6(1).  
C.J.S. Physicians and Surgeons § 6 et  
seq.

Notes of Decisions

1. Medical services

The specific duties of a medical exam-  
iner under County Law section 674 do  
not involve the performance of medical

services to patients as contemplated by  
this section and are therefore not within  
the scope and duties of a physician's  
assistant. Op. Atty. Gen. (Inf.) 83-30.

§ 6543. Filing requirements

Every physician shall file a notice with the department upon the  
employment or discharge of a physician's assistant or specialist's  
assistant in accordance with such regulations as may be prescribed  
by the commissioner.

(Formerly § 6533, added L.1971, c. 1135, § 4; renumbered 6543, L.1975, c.  
144, § 1; amended L.1975, c. 210, § 1.)

Historical Note

1975 Amendment. L.1975, c. 210, § 2,  
eff. June 17, 1975, substituted "assist-  
ant" for "associate", following "physi-  
cian's".

Effective Date. Section effective Apr.  
1, 1972, pursuant to L.1971, c. 1135, § 7;  
amended L.1971, c. 1136, § 4.

Library References

Physicians and Surgeons § 5(2).  
C.J.S. Physicians and Surgeons §§ 13,  
23.

§ 6544. Disciplinary proceedings

1. Disciplinary proceedings shall be conducted in accordance  
with the provisions of article one hundred thirty-one of the educa-  
tion law relating to similar proceedings against physicians.

2. The commissioner may promulgate regulations defining un-  
professional conduct, which regulations shall not be inconsistent

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with such regulations as may be promulgated by the commissioner  
of health pursuant to section thirty-seven hundred one of the public  
health law.

(Formerly § 6534, added L.1971, c. 1135, § 4; renumbered 6544, L.1975, c.  
144, § 1; amended L.1975, c. 210, § 2; L.1978, c. 550, § 23; L.1984, c. 1005, §  
18.)

Historical Note

1984 Amendment. Subd. 1. L.1984,  
c. 1005, § 18, eff. Jan. 20, 1985, redesign-  
ated former subd. 2 as 1 and repealed  
former subd. 1 which related to grounds  
for suspension or revocation of the regis-  
tration of a registered physician's assis-  
tant or a specialist's assistant.

Subd. 2. L.1984, c. 1005, § 18, eff. Jan.  
20, 1985, redesignated former subd. 2 as  
1 and former subd. 3 as 2.

Subd. 3. L.1984, c. 1005, § 18, eff.  
Jan. 20, 1985, redesignated former subd.  
3 as 2.

1978 Amendment. Subd. 1, par. (c).  
L.1978, c. 550, § 23, eff. July 24, 1978,  
substituted "alcohol abuser" for "habit-  
ual drunkard" and "mentally ill" for "in-  
sane".

1975 Amendment. L.1975, c. 210, § 2,  
eff. June 17, 1975, substituted "physi-  
cian's assistant" for "physician's associ-  
ate", in two instances.

Effective Date. Section effective Apr.  
1, 1972, pursuant to L.1971, c. 1135, § 7;  
amended L.1971, c. 1136, § 4.

Effective Date of 1984 Amendment:  
Application. See section 19 of L.1984,  
c. 1005, set out as a note under Public  
Health Law § 230.

Legislative Findings and Purpose.  
See section 1 of L.1971, c. 1135, set out  
as a note under Public Health Law  
§ 3700.

Cross Reference:

Proceedings in cases of professional misconduct involving the medical profession, see  
section 6510-a and Public Health Law § 230.

Library References

Physicians and Surgeons § 5(2, 3).  
C.J.S. Physicians and Surgeons §§ 13,  
23.

§ 6545. Construction

1. Only a person registered as a physician's assistant by the  
department may use the title "registered physician's assistant" or  
the letters "R.P.A." after his name.

2. Only a person registered as a specialist's assistant by the  
department may use the title "registered specialist's assistant" or  
the letters "R.S.A." after his name.

(Formerly § 6535, added L.1971, c. 1135, § 4; renumbered 6545, L.1975, c.  
144, § 1; amended L.1975, c. 210, § 2.)

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Historical Note

1975 Amendment. Subd. 1. L.1975, c. 210, § 2, eff. June 17, 1975, substituted "physician's assistant" for "physician's associate" in two instances.

Effective Date. Section effective Apr. 1, 1972, pursuant to L.1971, c. 1135, § 7; amended L.1971, c. 1136, § 4.

Legislative Findings and Purpose. See section 1 of L.1971, c. 1135, set out as a note under Public Health Law § 3700.

Cross References

Practice of a profession, see section 6503.

Library References

Physicians and Surgeons § 2.  
C.J.S. Physicians and Surgeons § 3 et seq.

§ 6546. Regulations

The commissioner may promulgate such other regulations as are necessary to carry out the purposes of this article.

(Formerly § 6536, added L.1971, c. 1135, § 4; renumbered 6546, L.1975, c. 144, § 1.)

Historical Note

Effective Date. Section effective Apr. 1, 1972, pursuant to L.1971, c. 1135, § 7; amended L.1971, c. 1136, § 4.

Legislative Findings and Purpose. See section 1 of L.1971, c. 1135, set out

Cross References

Official compilations of codes, rules and regulations, see Executive Law § 102. Rulemaking procedure of state agencies, see generally, State Administrative Procedure Act § 201 et seq.

New York Codes, Rules and Regulations

Submission of notices and filings in relation to agency rulemaking action, see generally, 19 NYCRR Part 260 et seq.

Library References

Physicians and Surgeons § 1.  
C.J.S. Physicians and Surgeons § 3 et seq.

§ 6547. Emergency services rendered by physician's assistant

Notwithstanding any inconsistent provision of any general, special or local law, any physician's assistant properly registered in

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Section 1

Section 2

Section 3

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Section 5

Section 6

Section 7

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Findings and Purpose. See section 1 of L.1971, c. 1135, set out as a note under Public Health Law § 3700.

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ed 6546, L.1975, c.

Eff. June 8, 1976, pursuant to L.1976, c. 286, § 2.

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this state who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physician's assistant. Nothing in this section shall be deemed or construed to relieve a licensed physician's assistant from liability for damages for injuries or death caused by an act or omission on the part of a physician's assistant while rendering professional services in the normal and ordinary course of his practice.

(Added L.1976, c. 286, § 1.)

Historical Note

Effective Date. Section effective June 8, 1976, pursuant to L.1976, c. 286, § 2.

Cross References

Defense and indemnification of physician's assistants rendering professional services at the request of the Department of Correctional Services, see Correction Law § 24-a.

Library References

Physicians and Surgeons § 16.  
C.J.S. Physicians and Surgeons § 48 et seq.

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10 NYCRR PART 94

PHYSICIAN'S ASSISTANTS AND  
SPECIALIST'S ASSISTANTS

§94.2 Supervision and scope of duties

(a) A registered physician's assistant or a registered specialist's assistant may perform medical services but only when under the supervision of a physician. Such supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed.

(b) Medical acts, duties and responsibilities performed by a registered physician's assistant or registered specialist's assistant must:

- (1) be assigned to him by the supervising physician;
- (2) be within the scope of practice of the supervising physician; and
- (3) be appropriate to the education, training and experience of the registered physician's assistant or registered specialist's assistant.

(c) No physician may employ or supervise more than two registered physician's assistants and two specialist's assistants in his private practice.

(d) No physician may supervise more than six registered physician's assistants or registered specialist's assistants or any combination thereof employed by a hospital.

(e) Prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician.

(1) Except for controlled substances, as listed under Federal and State controlled Substances Acts, a registered physician's assistant may write prescriptions for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant.

(i) The prescription shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician. The prescription shall also bear the name, the address, the age of

the patient and the date on which the prescription was written.

(ii) The registered physician's assistant shall sign such a prescription by printing the name of the supervising physician, printing his own name and additionally signing his own name followed by the letters R.P.A. and his registration number.

(2) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the by-laws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. In every case, medical orders so written shall be countersigned by the supervising physician within 24 hours, but such countersignature shall not be required prior to the execution of any such order.

(f) A physician supervising or employing a registered physician's assistant or registered specialist's assistant shall remain medically responsible for the medical services performed by the registered physician's assistant or registered specialist's assistant whom such physician supervises or employs.

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I HEREBY ADOPT the attached amendments to subdivision (a) of section 94.1 of Part 94 of Subchapter M of Chapter II of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, pursuant to the authority vested in the Commissioner of Health by section 3701(6) of the Public Health Law, to be effective upon filing with the Secretary of State.

PRIOR NOTICE OF this action, required under the Administrative Procedure Act was published in the New York State Register on November 26, 1986.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the New York State Department of Health to be affixed this 16th day of February, 1987.

  
David Axelrod, M.D.  
COMMISSIONER OF HEALTH

Pursuant to the authority vested in the Commissioner of Health by section 3701(6) of the Public Health Law, section 94.1 of the Administrative Rules and Regulations, contained in Chapter II, Subchapter M, Title 10 (Health), Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended, effective upon filing with the Secretary of State, to read as follows:

Section 94.1 Definitions. As used in this Part:

(a) Registered physician's assistant means an individual who is currently registered as a physician's assistant by the New York State Department of Education. [The education, training and experience of a registered physician's assistant, while including a basic core of didactic and clinical training in general medicine, may during some phase have emphasized activities, techniques and procedures more commonly associated with a particular clinical field. Based on his education, training and experience background, a registered physician's assistant will be identified in one or more of the following clinical fields at the time of his registration:

(1) Medicine. A registered physician's assistant so identified is considered appropriate to work under the supervision of a qualified physician engaged in clinical practice.

(2) Surgery. A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in a general or specialty surgical practice.

(3) Pediatrics. A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in a pediatric practice.



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(4) Obstetrics-gynecology. A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in either an obstetric or gynecologic practice or both.]

CHAPTER V MEDICAL FACILITIES

§ 707.3

PART 707

PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

(Statutory authority: Public Health Law, § 2803)

Sec.  
707.1 Medical staff applicability  
707.2 Medical board responsibility

Sec.  
707.3 General standards

Historical Note

Part ( §§ 707.1-707.3) filed Dec. 21, 1971; amd. filed April 1, 1976 eff. April 1, 1976.  
Amended Part title.

**Section 707.1** Medical staff applicability. All hospitals as defined under article 28 of the Public Health Law shall be subject to the provisions of this Part.

Historical Note

Sec. filed Dec. 21, 1971 eff. Dec. 21, 1971.

**707.2** Medical board responsibility. The medical board, or for medical facilities having no medical board a medical advisory committee composed of at least two currently registered physicians, shall adopt with governing board approval by-laws, rules and regulations which provide formal procedures for the evaluation of the application and credentials of registered physician's assistants and registered specialist's assistants applying for employment or privileges in the facility for the purpose of providing medical services under the supervision of a physician.

Historical Note

Sec. filed Dec. 21, 1971; amd. filed April 1, 1976 eff. April 1, 1976.

**707.3** General standards. Medical facilities employing or extending privileges to registered physician's assistants, registered specialist's assistants or both shall:

(a) Employ or extend privileges only to physician's assistants and specialist's assistants who are currently registered with the New York State Department of Education.

(b) Designate in writing the licensed and currently registered staff physician or physicians responsible for the supervision and direction of each physician's assistant and specialist's assistant employed or extended privileges. No physician shall be designated to supervise and direct more than six physician's assistants or specialist's assistants or a combination thereof.

(c) Employ or extend privileges only to physician's assistants and specialist's assistants whose training and experience are within the scope of practice for which the physician or physicians to whom they are assigned are qualified.

(d) Be approved for providing the specialized medical services for which the specialist's assistant is employed or extended privileges and employ and extend privileges only to specialist's assistants whose training and experience are appropriate to the delivery of the specialized service.

Historical Note

Sec. filed Dec. 21, 1971; amd. filed April 1, 1976 eff. April 1, 1976.

# CHAPTER V MEDICAL FACILITIES

§ 405.6

(vi) A surgeon or surgeons trained and experienced in vascular surgery who should be available to the center for consultation and management of complications.

(4) *Services.* All services shall be integrated and available on an inpatient basis, but there shall also be adequately and appropriately organized outpatient services to preclude unnecessary hospitalization and insure continuity of care. The following services shall be provided as a minimum:

(i) A full range of diagnostic services.

(ii) *Medical social work.* Medical social workers shall be available to the medical staff of the unit to assist with social problems of the patient and the family as they arise, regardless of the economic status of patient and family.

(iii) Patient and family education.

(iv) A system of adequate follow up.

(5) *State Cardiac Advisory Committee.* The State Cardiac Advisory Committee shall, at the request of the commissioner, consider any matter relating to cardiac diagnostic centers and shall advise the commissioner thereon.

(6) *Approval and review.* Project site visits by members of the State Cardiac Advisory Committee, or other designees of the commissioner, shall be made as indicated, as an adjunct to initial approval, and/or for maintaining approval. Cardiac diagnostic centers seeking to obtain or maintain approval shall demonstrate their capacity to meet minimum workload requirements as determined by the commissioner. There shall be sufficient utilization of a center to insure both quality and economy of services, as determined by the commissioner.

## Historical Note

Sec. filed July 23, 1977 eff. July 23, 1977.

**405.6 Physician's assistants and specialist's assistants.** (a) *Medical board responsibility.* The medical board, or for medical facilities having no medical board a medical advisory committee composed of at least two currently registered physicians, shall adopt with governing board approval by-laws, rules and regulations which provide formal procedures for the evaluation of the application and credentiaing of registered physician's assistants and registered specialist's assistants applying for employment or privileges in the facility for the purpose of providing medical services under the supervision of a physician.

(b) *General standards.* Medical facilities employing or extending privileges to registered physician's assistants, registered specialist's assistants or both shall:

(1) Employ or extend privileges only to physician's assistants and specialist's assistants who are currently registered with the New York State Department of Education.

(2) Designate in writing the licensed and currently registered staff physician or physicians responsible for the supervision and direction of each physician's assistant and specialist's assistant employed or extended privileges. No physician shall be designated to supervise and direct more than six physician's assistants or specialist's assistants or a combination thereof.

(3) Employ or extend privileges only to physician's assistants and specialist's assistants whose training and experience are within the scope of practice for which the physician or physicians to whom they are assigned are qualified.

(4) Be approved for providing the specialized medical services for which the specialist's assistant is employed or extended privileges and employ and extend privileges only to specialist's assistants whose training and experience are ap-

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§ 405.7

TITLE 10 HEALTH

propriate to the delivery of the specialized service.

## Historical Note

Sec. filed July 23, 1977 eff. July 23, 1977.

**405.7 Residents, interns, students.** (a) The hospital shall not permit interns, residents, fellows, graduates of foreign medical schools or medical students in an approved training program to perform a service for which a license is required by the State of New York unless they are at the time under the direct control and supervision of a currently licensed physician.

(b) If patient care is provided by interns, residents, fellows or medical students, including graduates of foreign medical schools holding certificates issued by the Educational Council on Foreign Medical Graduates or a certificate of proficiency issued by the Education Department, such care shall be in accordance with the provisions of a training program approved by and/or in conformity with the following:

(1) the Council on Medical Education of the American Medical Association, residency training programs of the respective specialty boards and any other recognized approval body based on standards acceptable to the department;

(2) with respect to the care of recipients of health insurance and medical assistance only, the requirements of applicable rules and regulations of the Secretary of Health, Education and Welfare pertaining to resident, intern and medical student training programs enacted pursuant to the Health Insurance for the Aged Act;

(3) foreign medical graduates holding Educational Commission for Foreign Medical Graduates certificates or certificates of proficiency issued by the Education Department and limited permit to practice medicine issued by the Education Department who have completed at least two years of training in a clinical residency in the United States in a program accredited by the Liaison Committee on Graduate Medical Education or the American Osteopathic Association may care for patients in a hospital not approved for such training, if provision of such services is under the responsible supervision of a physician licensed and currently registered to practice medicine in the State of New York; and

(4) graduates of foreign medical schools who have completed an approved specialty training program and who have been notified by their specialty board that they have qualified or are eligible for examination for such specialty who perform a service to be performed by a qualified specialist must be under the direct control or supervision of such a qualified specialist.

(c) Except in an emergency, all other patient care provided by interns, house officers, residents or physicians with equivalent titles and not provided as specified in subdivision (b) of this section, must be provided by a physician with a current license to practice in New York State.

(d) The hospital shall safeguard the health and welfare of residents, interns and students on the hospital premises.

## Historical Note

Sec. filed July 23, 1977 eff. July 23, 1977.

**405.8 Maternal, child health and newborn services.** (a) *Applicability.* This section shall apply to all hospitals having maternity and newborn services or premature infant services and to all institutions caring for infants 28 days of age or less or weighing less than 2500 grams (five and one-half pounds) and to the persons responsible for, or rendering infant care in such hospitals and institutions.

(1) If the hospital admits maternity patients, the governing authority shall establish a clinical maternity service or department in accordance with the re-

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# ARTICLE 37—PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

- Sec. Definitions.
- §700. Commissioner; powers and duties.
- §701. Advisory council.
- §702.

## Historical Note

1975 Amendment. Article heading. substituted "assistants" for "asso-  
ciates", following "physician's".

## § 3700. Definitions

As used in this article:  
1. Physician's assistant. The term "physician's assistant"  
means a person who is registered as a physician's assistant pur-  
suant to section sixty-five hundred thirty-one of the education  
law.

2. Specialist's assistant. The term "specialist's assistant"  
means a person who is registered pursuant to section sixty-five  
hundred thirty-one of the education law as a specialist's assistant  
for a particular medical specialty as defined by regulations pro-  
mulgated by the commissioner pursuant to section thirty-seven  
hundred one of this article.

3. Physician. The term "physician" means a practitioner of  
medicine licensed to practice medicine pursuant to article one  
hundred thirty-one of the education law.

4. Hospital. The term "hospital" means an institution or  
facility possessing a valid operating certificate issued pursuant  
to article twenty-eight of this chapter and authorized to employ  
physician's assistants and specialist's assistants in accordance  
with rules and regulations of the state hospital review and plan-  
ning council.

5. Approved program. The term "approved program" means  
a program for the education of physician's assistants or special-  
ist's assistants which has been formally approved by the depart-  
ment of education.

Added L.1971, c. 1135, § 2; amended L.1975, c. 210, § 1.

## Historical Note

1975 Amendment. L.1975, c. 210, § ciate" and "associates," respectively  
eff. June 17, 1975, substituted "as- following "physician's" wherever ap-  
sistant" and "assistants" for "asso- pearing.

## HEALTH LAW Art. 37

of can personally attend make the use  
1. of persons qualified to assist the  
e physician in the provision of medical  
d care essential if such care is to be  
e uniformly available to all of the  
at people of the state.  
e "It is the purpose of this act (en-  
a-acting this article and article 38 and  
a article 131-A of the Education Law)  
e to provide for the registration of  
e physician's associates and specialist's  
a assistants who will be available for  
a employment by physicians to permit  
e medical services to be given to per-  
e sons not receiving them now and  
e whose qualifications will assure that  
e the health needs of patients are met  
a properly."

## References

C.J.S. Physicians and Surgeons  
§ 8, 10, 23.

## powers and duties

ve the following powers and duties:  
defining and restricting the duties  
ysician's assistants and specialist's  
ng physician, the degree of super-  
er in which such duties may be per-

ns establishing such different medi-  
cialist's assistant's may be regis-  
ment pursuant to section sixty-five  
education law as will most effectively  
cal care available in this state pro-  
ory of specialist's assistant shall be  
hich allied health professions are  
education law or the public health

t continuing studies respecting the  
ties of physician's assistants and  
er to promote their effective func-  
uth care team;

ability of and to establish rules for  
ion of physician's assistants and

on department with suggested cri-  
the education department to help

## Art. 37 PHYSICIAN'S ASSISTANTS § 3702

determine whether an applicant for registration as a physician's  
assistant or specialist's assistant possesses equivalent education  
and training, such as experience as a nurse or military corpsman,  
which may be accepted in lieu of all or part of an approved pro-  
gram;

6. to adopt such other rules and regulations as may be neces-  
sary or appropriate to carry out the purposes of this article.

Added L.1971, c. 1135, § 2; amended L.1971, c. 1136, § 1; L.1975, c.  
210, § 1.

No in original. Probably should read "assistants".

## Historical Note

1975 Amendment. L.1975, c. 210, 1971 Amendment. Sold. 2. L.1971,  
§ 1, eff. June 17, 1975, substituted c. 1136, § 1, eff. April 1, 1972, insert-  
"assistant" and "assistants" for "as- ed "provided, however, that . . .  
sociate" and "associates", respective- public health law."  
ly, following "physician's" wherever  
appearing.

## Library References

Physicians and Surgeons C-1. C.J.S. Physicians and Surgeons  
§ 3 et seq.

## § 3702. Advisory council

1. There is hereby created the New York state advisory coun-  
cil on physician's assistants and specialist's assistants. It shall  
consist of the chancellor of the state university, or his duly desig-  
nated representative, and twelve members appointed by the gov-  
ernor, including at least five physicians, one registered profes-  
sional nurse, one physician's assistant, one specialist's assistant,  
one hospital administrator, one representative of the public, and  
two persons licensed as allied health professionals under the pub-  
lic health law or the education law. The governor shall designate  
one member to serve as chairman.

2. The term of office of each appointive member of the coun-  
cil shall be for three years provided, however, that of the mem-  
bers first appointed, four shall be appointed for terms which  
shall expire on December thirty-first, nineteen hundred seventy-  
two, four for terms which shall expire on December thirty-first,  
nineteen hundred seventy-three, and four shall be appointed for  
terms which shall expire on December thirty-first, nineteen hun-  
dred seventy-four. Vacancies shall be filled by appointment for  
the unexpired term. The appointive members shall continue in  
office until the expiration of their terms and until their succes-  
sors are appointed and have qualified.



# HEALTH LAW

Art. 37

council shall receive no compensation as of the council, but each of them y and actual expenses which he shall his duties under this section.

rise the commissioner of health on omulgation of regulations defining hich may be assigned to physician's sstants by their supervising physi- sion required, the manner in which ed, the different medical specialties nts may be registered and such other at.

ise the commissioner of education on ature and content of programs for the istants and specialist's assistants, the ns defining unprofessional conduct t deems pertinent.

ort to the commissioners of health and first day of January next succeeding l is enacted, and annually thereafter, s to how physician's assistants and best contribute to the effective func- ystem.

amended L.1971, c. 1136, § 2; L.1975, c.

## Historical Note

210, "nineteen hundred seventy-three" for "nineteen hundred seventy-four" and inserted "and four shall be appointed for terms which shall expire on De- cember thirty-first, nineteen hundred seventy-four."

1971. Preparation by Advisory Council and State Departments of Health and Education for implementation of Registration Program for Physician's Associates and Veterans Health Man- power Center. L.1971, c. 1135, § 7, amended L.1971, c. 1128, § 4, eff. July 6, 1971, provided: "This act [which enacted this article and article 38 and article 131-A of the Education Law] shall take effect on the first day of April next succeeding the year in which it shall have become a law [April 1, 1972], except that section thirty-seven hundred two of the pub- y-two".

Art. 37

## PHYSICIAN'S ASSISTANTS

§ 3702

the health law, as provided for in sec- tion two of this act [adding this sec- tion], shall take effect on the first day of September of the year in which this act shall have become a law [Sept. 1, 1971], and the advisory council provided for therein, and the state

departments of health and education are authorized to take such steps in advance of the first day of April next succeeding the year in which this act shall have become a law as may be necessary to enable this act to become fully effective on such date."

### Library References

Physicians and Surgeons Cml.

C.J.S. Physicians and Surgeons § 3 et seq.

STUDENTS  
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## STATE MEDICAL HANDBOOK

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### 250.1 General

- A. Chapters 1135 and 1136 of the Laws of 1971 added new articles 131-A and 37 respectively to the State Education and Public Health Laws. These articles are concerned with qualifications, registration and functions of physician's associate and specialist's assistants. A statement of leg- islative findings and purpose associated with the above legislation is included in section 1 of Chapter 1135. Therein it is stated:

"The existing shortage of physicians and other persons possessing adequate qualifications for the provision of health services required by the people of this State constitutes a critical situation im- piling the public health. Many areas of the state lack adequate medical coverage due to the insufficient number and uneven distribution of practicing physicians. The demand for physician services far exceeds the capability of the present number of physicians to supply them. Physical limitations on the number of patients a physician can per- sonally attend make the use of persons qualified to assist the physician in the provision of medical care essential if such care is to be uniformly available to all of the people of the state."

"It is the purpose of this act to provide for the registration of physician's associate and specialist's assistants who will be available for employment by physicians to permit medical services to be given to persons not receiving them now and whose qualifications will assure that the health needs of patients are met properly." (underscoring added)

- B. The above statement of purposes makes specific reference to the "employment" of physician's associate and specialist's assistants by physicians. Section 6532 of the Education Law provides for employment of such ancillary personnel by facilities licensed as hospitals in accordance with article 28 of the Public Health Law and subject to provisions of the Education Law, the Public Health Law, the Rules and Regulations of the Commissioner of Health and the State Hospital Code.  
(Ref.: Education Law Article 131A, Public Health Law Article 37, 10 NYCRR Parts 94 and 707)
- C. The designation of "physician's associate" as established by Chapters 1135 and 1136 of the Laws of 1971, is changed to "physician's assistants" according to Chapter 210 of the Laws of 1975 effective June 17, 1975.

### 250.2 Definitions

- A. Registered physician's assistant means an individual who is currently registered as a physician's assistant by the New York State Department of Education. The education, training and experience of a registered physician's assistant, while including a basic core of didactic and clinical training in general medicine, may during some phase have emphasized activities, techniques and procedures more commonly associated with a particular clinical field. Based on his education, training and experience background, a registered physician's assistant will be identified in one or more of the following clinical fields at the time of his registration:



ASSISTANTS  
Physicians  
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(1) **Medicine.** A registered physician's associate so identified is considered appropriate to work under the supervision of a qualified physician engaged in clinical practice.

(2) **Surgery.** A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in a general or specialty surgical practice.

(3) **Pediatrics.** A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in a pediatric practice.

(4) **Obstetrics-gynecology.** A registered physician's assistant so identified is most appropriate to work under the supervision of a qualified physician engaged in either an obstetric or gynecologic practice or both. (10 NYCRR 94.1(a))

B. **Registered specialist's assistant** shall mean an individual who has completed a program for the education and training of specialist's assistants, or its equivalent approved by the New York State Department of Education and who is currently registered as a specialist's assistant by the New York State Department of Education. (10 NYCRR 700.2(b)(29))

250.3 **Supervision and Scope of Duties** (Ref. State Education Law Section 6532 and 10 NYCRR 94.2)

A. A registered physician's assistant or registered specialist's assistant may perform medical services but only when under the supervision of a physician.

Such supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed.

B. Medical acts, duties and responsibilities performed by a registered physician's assistant must:

- (1) be assigned to him by the supervising physician;
- (2) be within the scope of practice of the supervising physician; and
- (3) be appropriate to the education, training and experience of the registered physician's associate.

C. Medical acts, duties and responsibilities performed by a registered specialist's assistant must:

- (1) be assigned to him by the supervising physician;
- (2) be within the scope of practice of the supervising physician; and
- (3) be related to the designated medical specialty for which he is registered.

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D. No physician may employ or supervise more than two registered physician's assistants and two specialist's assistants in his private practice.

E. A physician supervising or employing a registered physician's assistant or registered specialist's assistant shall remain medically responsible for the medical services performed by the registered physician's assistant or registered specialist's assistant whom such physician supervises or employs.

250.4 **Billing and Payment**

A. In accordance with provisions of Section 6532 of the Education Law and Section 94.1 in the Administrative Rules and Regulations of the State Commissioner of Health, a registered physician's assistant or registered specialist's assistant is not recognized as an independent provider of service. Therefore, such persons may not bill or receive payment for service as private practitioners and no separate fee schedules will be established for registered physician's assistant and registered specialist's assistants.

B. For services rendered by a registered physician's assistant or registered specialist's assistant and provided in accordance with paragraph 250.3 above, the responsible physician is eligible for payment at fees established for physicians in the medical fee schedule.

In billing for services provided through a registered physician's assistant or registered specialist's assistant in his employ, the physician shall identify the services so provided on his claim for payment and include the name of the registered physician's assistant or registered specialist's assistant who rendered the service.

C. Services provided by a registered physician's assistant or registered specialist's assistant while in the employ of a hospital as defined in Article 28 of the Public Health Law are included in the all-inclusive rate developed for the facility and are not eligible for separate payment.

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STATE BOARD OF PHARMACY  
518 474-3848

IMPORTANT INFORMATION FOR PHARMACISTS,  
PHARMACIES AND REGISTERED PHYSICIAN'S ASSISTANTS

The revised Section 94.2 of the Administrative Rules and Regulations of the Health Department, which is printed on the back of this sheet, pertains to the writing of medical orders and prescriptions by Registered Physician's Assistants. These regulations became effective August 23, 1976.

The regulations governing the practice of Registered Physician's Assistants may be found in their entirety in the Official Compilation of Codes, Rules and Regulations of the State of New York, published under the direction of the Department of State. The Official Compilation is supplemented monthly and is available in many libraries.

Sections of the Education Law also govern the practice of Registered Physician's Assistants. This information is provided in McKinney's Consolidated Laws of New York, Annotated, Book 16, Education Law. This reference is supplemented annually and is available in most libraries.

Additional copies of this amendment to the regulations may be obtained by writing to the address shown above.

PHYSICIAN'S ASSISTANTS -- AMENDED REGULATIONS

Part 94 of the Administrative Rules and Regulations contained in Subchapter M, Chapter II, Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York has been amended, effective August 23, 1976.

Subdivision (e) of Section 94.2 has been REPEALED and a new Subdivision (e) has been added to read as follows:

(e) Prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician.

(1) Except for controlled substances as listed under Federal and State Controlled Substances Acts, a registered physician's assistant may write prescriptions for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant.

(i) The prescription shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician. The prescription shall also bear the name, the address, the age of the patient and the date on which the prescription was written.

(ii) The registered physician's assistant shall sign such prescription by printing the name of the supervising physician, printing his own name and additionally signing his own name followed by the letters R.P.A. and his registration number.

(2) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the by-laws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. In every case, medical orders so written shall be countersigned by the supervising physician within 24 hours, but such countersignature shall not be required prior to the execution of any such order.

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**PHYSICIAN'S ASSISTANT TRAINING PROGRAMS IN NEW YORK STATE  
REGISTERED BY THE STATE EDUCATION DEPARTMENT**

Bayley Seton Hospital  
Physician's Assistant Program  
Bay Street and Vanderbilt Avenue  
Staten Island, NY 10304

City College of New York  
Harlem Hospital Center  
Physician's Assistant Program  
135th Street and Lenox Avenue  
New York, NY 10037

Cornell University Medical Center  
Physician's Assistant Program  
1300 York Avenue  
New York, NY 10031

Hudson Valley Comm. College/Albany  
Medical College  
50 Vandenberg Avenue  
Troy, NY 12180

Long Island University-Brooklyn  
Cumberland Medical Center  
Physician's Assistant Program  
121 Dekalb Avenue  
Brooklyn, NY 11201

New York Institute of Technology  
Radiologic Specialist Assistant  
P.O. Box 170  
Old Westbury, NY 11568

and  
1855 Broadway  
New York, NY 10023

St. John's University  
Physician's Assistant Program  
300 Howard Avenue  
Staten Island, NY 10301

State University of New York at Stony  
Brook/Health Sciences Center  
Physician's Assistant Program  
Stony Brook, NY 11794

Touro College  
Physician's Assistant Program  
Kingsbrook Jewish Medical Center  
Rutland Road and East 49th Street  
Brooklyn, NY 11203

Wagner College  
Physician's Assistant Program  
Staten Island, NY 10301

See reverse side for approved out-of-state physician's assistant programs.

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**PHYSICIAN'S ASSISTANT PROGRAMS OUTSIDE OF NEW YORK STATE  
Approved Programs for Registration in New York State**

University of Southern California  
School of Medicine  
UCLA and Charles R. Drew Post Graduate  
Medical School  
University of Colorado  
Yale University  
George Washington University School  
of Medicine  
Howard University  
University of Florida  
Emory University School of Medicine  
Medical College of Georgia  
University of Iowa  
University of Osteopathic Medicine  
and Health Sciences  
Wichita State University  
University of Kentucky  
Essex Community College  
Northeastern University  
Mercy College of Detroit  
Western Michigan University  
St. Louis University Medical Center  
University of Nebraska  
Rutgers Medical College of Medicine  
and Dentistry of New Jersey  
Duke University School of Medicine  
Bowman Gray School of Medicine  
Cleveland Clinic/Cuyahoga Community  
College  
Kettering College of Medical Arts  
Lake Erie College  
University of Oklahoma  
Gannon University  
Milton S. Hershey Medical Center  
St. Francis College  
Hahnemann Medical College and Hospital  
Kings College  
Trevecca Nazarene College  
University of Texas Health Science  
Center at Dallas  
University of Texas Health Science  
Center at Galveston  
Baylor College of Medicine  
University of Washington  
Alderson-Broadbent College  
University of Wisconsin

Los Angeles, California

Los Angeles, California  
Denver, Colorado  
New Haven, Connecticut

Washington, D.C.  
Washington, D.C.  
Gainesville, Florida  
Atlanta, Georgia  
Augusta, Georgia  
Iowa City, Iowa

Des Moines, Iowa  
Wichita, Kansas  
Lexington, Kentucky  
Baltimore, Maryland  
Boston, Massachusetts  
Detroit, Michigan  
Kalamazoo, Michigan  
St. Louis, Missouri  
Omaha, Nebraska

Piscataway, New Jersey  
Durham, North Carolina  
Winston-Salem, North Carolina

Cleveland, Ohio  
Kettering, Ohio  
Painesville, Ohio  
Oklahoma City, Oklahoma  
Erie, Pennsylvania  
Hershey, Pennsylvania  
Loretto, Pennsylvania  
Philadelphia, Pennsylvania  
Wilkes-Barre, Pennsylvania  
Nashville, Tennessee

Dallas, Texas

Galveston, Texas  
Houston, Texas  
Seattle, Washington  
Philippe, West Virginia  
Madison, Wisconsin

\*All programs demonstrate the equivalent of thirty-two credit hours of  
classroom study and forty weeks of clinical practice.